

# TAKEMARK EXAMINATION WORKSHEET

☐ AMENDMENT STAGE

☒ NO CHANGE

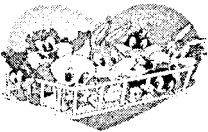


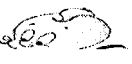





☐ PUBLICATION/REGISTRATION STAGE

Name: **Tawana Campbell** L.O. 113 Date **August, 15, 2002** No. **74/75/76/78**

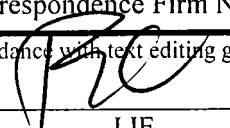
38630

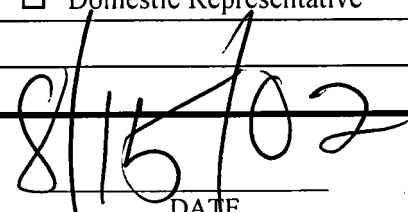
INSTRUCTIONS: Place a check mark in the appropriate column and/or box to indicate which data elements have been amended/coded.

## Legal Instrument Examiner (LIE)

	Amended	Data Element
<b>Class Data</b> 	<input type="checkbox"/>	<input type="checkbox"/> Prime/International Class
	<input type="checkbox"/>	<input type="checkbox"/> Goods and Services
	<input type="checkbox"/>	<input type="checkbox"/> First Use Date
	<input type="checkbox"/>	<input type="checkbox"/> First Use in Commerce Date
<b>Mark Data</b> 	<input type="checkbox"/>	<input type="checkbox"/> In Another Form
	<input type="checkbox"/>	<input type="checkbox"/> Certification
	<input type="checkbox"/>	<input type="checkbox"/> 1b Add Delete
	<input type="checkbox"/>	<input type="checkbox"/> Word Mark
<b>Mark Data</b> 	<input type="checkbox"/>	<input type="checkbox"/> Pseudo Mark
	<input type="checkbox"/>	<input type="checkbox"/> Mark Drawing Code
	<input type="checkbox"/>	<input type="checkbox"/> Design Search Code
	<input type="checkbox"/>	<input type="checkbox"/> Scan Sub Drawing
<b>Misc. Mark Data</b> 	<input type="checkbox"/>	<input type="checkbox"/> Mark Description
	<input type="checkbox"/>	<input type="checkbox"/> Disclaimer
	<input type="checkbox"/>	<input type="checkbox"/> Lining/Stippling
	<input type="checkbox"/>	<input type="checkbox"/> Name/Portrait/Consent
<b>Section 2(f)</b> 	<input type="checkbox"/>	<input type="checkbox"/> Translation
	<input type="checkbox"/>	<input type="checkbox"/> Section 2(f) Entire Mark
	<input type="checkbox"/>	<input type="checkbox"/> Section 2(f) Limitation Statement
	<input type="checkbox"/>	<input type="checkbox"/> Section 2(f) in Part
<b>Foreign Reg. Data</b> 	<input type="checkbox"/>	<input type="checkbox"/> Amended Register
	<input type="checkbox"/>	<input type="checkbox"/> Amended Register Date
	<input type="checkbox"/>	<input type="checkbox"/> Foreign Country
	<input type="checkbox"/>	<input type="checkbox"/> 44(d)
	<input type="checkbox"/>	<input type="checkbox"/> Foreign Application Number
	<input type="checkbox"/>	<input type="checkbox"/> Foreign Application Filing Date
<b>Owner Data</b> 	<input type="checkbox"/>	<input type="checkbox"/> Foreign Registration Number
	<input type="checkbox"/>	<input type="checkbox"/> Foreign Registration Date
	<input type="checkbox"/>	<input type="checkbox"/> Foreign Registration Expiration Date
	<input type="checkbox"/>	<input type="checkbox"/> Foreign Renewal Reg. Number
	<input type="checkbox"/>	<input type="checkbox"/> Foreign Reg. Renewal Expiration Date
	<input type="checkbox"/>	<input type="checkbox"/> Foreign Renewal Reg. Date
	<input type="checkbox"/>	<input type="checkbox"/> Owner Name
	<input type="checkbox"/>	<input type="checkbox"/> DBA/AKA/TA
<b>Amd/Corr Restr.</b>	<input type="checkbox"/>	<input type="checkbox"/> Address 1
	<input type="checkbox"/>	<input type="checkbox"/> Address 2
	<input type="checkbox"/>	<input type="checkbox"/> City
	<input type="checkbox"/>	<input type="checkbox"/> State
<b>Prior U.S. Reg.</b>	<input type="checkbox"/>	<input type="checkbox"/> Zip Code
	<input type="checkbox"/>	<input type="checkbox"/> Citizenship
	<input type="checkbox"/>	<input type="checkbox"/> Entity
	<input type="checkbox"/>	<input type="checkbox"/> Entity Statement
<b>Correspondence</b> 	<input type="checkbox"/>	<input type="checkbox"/> Composed of
	<input type="checkbox"/>	<input type="checkbox"/> Assignment(s)/Name Change
	<input type="checkbox"/>	<input type="checkbox"/> Concurrent Use
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Prior Registration
<b>Correspondence</b> 	<input type="checkbox"/>	<input type="checkbox"/> Attorney
	<input type="checkbox"/>	<input type="checkbox"/> Domestic Representative
	<input type="checkbox"/>	<input type="checkbox"/> Attorney Docket Number
		<input type="checkbox"/> Correspondence Firm Name/Address

I certify that all corrections have been entered in accordance with text editing guidelines.

  
 \_\_\_\_\_  
 LIE

  
 \_\_\_\_\_  
 DATE

Other: \_\_\_\_\_

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\_\_\_\_\_